

**Albany County Coordinated Entry  
GRIEVANCE AND APPEALS FORM**

*If you have a grievance or complaint about the services you received through Albany County Coordinated Entry, or would like to appeal a decision made during the process of Coordinated Entry, we want to hear about it.*

**Grievance and Appeal Information and Process**

Please complete this form as best you can, and provide a method for us to contact you. Staff may assist you in completing the form in your own words, if you request assistance. Please submit completed forms by:

- Email to [ce@hatas.org](mailto:ce@hatas.org) with the subject line "CE Grievance/Appeal"
- Fax to HATAS (518) 463-0263, Attn: Coordinated Entry
- Drop off this form to 138 Central Ave., Albany NY 12206

- ✓ A Coordinated Entry representative will contact you within seven business days.
- ✓ The information in this form will be used to address your concerns, and will otherwise be kept confidential.
- ✓ Completing this form will **not** negatively affect your status within the Albany Coordinated Entry system.

**Project Participant and Contact Information**

First Name		Last Name <small>Please indicate if: <input type="checkbox"/> Head of Household or <input type="checkbox"/> Single Individual</small>		
Address		City	State	Zip
Contact Numbers(s): ( ) - ( ) -	Email <input type="checkbox"/> None <input type="checkbox"/> Declined	Current Housing Provider/Residence Name, if applicable		

**Grievance and Appeal Detail**

Please briefly describe the circumstances for your grievance or appeal  
(including the name of the person/program/or organization involved, a brief description of the events, and relevant dates)

What has been done to fix this (by yourself or others)?

What would you like to see happen?

Client/Participant Signature

Date

Receiving Staff Name/Title

Agency Name

Albany County Coordinated Entry  
**GRIEVANCE AND APPEALS FORM**

To be completed by the Coordinated Entry Advisory Committee Representative

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Committee Findings:

Recommended Resolution:

\_\_\_\_\_  
Coordinated Entry Representative Name

\_\_\_\_\_  
Representative Signature